

# ANNUAL REPORT

ON THE

Health and Sanitary Condition

OF THE

BOROUGH OF WEYMOUTH & MELCOMBE REGIS

**FOR THE YEAR 1902.**

BY

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WEYMOUTH,

FEBRUARY 10TH, 1903.

I beg to submit to the Sanitary Committee of the Town Council my Annual Report upon the Health and Sanitary Condition of the Borough of Weymouth and Melcombe Regis during 1902. I took office on July 23rd, and am therefore only called upon to deal with the last five months of the year. But it is most valuable to consider the sanitary history of the year as a whole, and I have tried to obtain and to utilise all the information possible for the purpose. The report is arranged in accordance with the Memorandum of the Local Government Board with regard to the Annual Reports of Medical Officers of Health, issued in 1901, which requests information upon certain prescribed subjects.

The vital statistics show that the year has been a healthy one, the general death rate was unusually low, as were also the zymotic and infantile death rates. Several improvements in matters affecting the public health have been carried out during the year, notably the provision of a Borough Isolation Hospital. In the course of the report are indicated the lines upon which further improvements might profitably be made.

I have to thank the Members of the Committee for their uniform consideration and support, which have made my work a pleasure.

T. HENRY JONES,

*Medical Officer of Health.*

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## SUMMARY OF STATISTICS.

Area in statute acres	...	...	...	...	1,299
Population at Census of 1901	...	...	...	...	19,843
Population estimated at middle of 1902	...	...	...	...	20,115
Number of persons per house at Census of 1901	...	...	...	...	5.1
Birth rate	...	...	...	...	23.8
Death rate uncorrected	...	...	...	...	13.3
Death rate corrected	...	...	...	...	13.0
Zymotic death rate	...	...	...	...	0.24
Infant mortality (deaths under 1 year per 1000 births)	...	...	...	...	85.4



## VITAL STATISTICS.

### POPULATION.

The estimated population at the middle of 1902 was 20,115.

The census returns for the County of Dorset lately published show that the population of the Borough on the 1st of April, 1901, was 19,843. The particulars given as to its distribution were as follows:—

**TABLE I.**

	Area in Statute acres	HOUSES, 1901				POPULATION.			
		Inhab- ited	Uninhabited		Build- ing	1891	1901		
			In oc- cupa- tion	Not in oc- cupa- tion		Persons	Persons	Males	Females
Weymouth and Melcombe Regis	1,299	3,881	143	200	62	16,100	19,843	8,895	10,948
CIVIL PARISHES—									
Melcombe Regis	674	1,948	106	87	26	9,225	9,812	4,086	5,726
Weymouth ...	625	1,933	37	113	36	6,875	10,031	4,809	5,222
WARDS—									
Melcombe Reg. N.	—	1,045	30	64	26	—	5,187	2,110	3,077
Melcombe Reg. S.	—	903	76	23	—	—	4,625	1,976	2,649
Weymouth ...	—	1,211	36	71	13	—	6,387	3,077	3,310
Wyke Regis ....	—	722	1	42	23	—	3,644	1,732	1,912

The average number of persons in each inhabited house at the time of the Census can therefore be calculated:—

For the whole Borough.....		5.1.
Melcombe Regis .....	5.0	{ Melcombe Regis (N.).....4.9 Melcombe Regis (S.).....5.0
Weymouth .....	5.1	{ Weymouth .....5.2 Wyke Regis .....5.0

In 1891 the population of the Borough was 16,100. The increase during ten years was therefore, 3,743. But in 1895 the Borough was enlarged by the addition of a further part of the parish of Radipole to Melcombe Regis, and of Wyke Regis to Weymouth; and the added population could then only be roughly estimated, it was not accurately known. Consequently there are but scanty data for the estimation of the population of the Borough during each of the years intervening between 1891 and 1901.

I have however prepared revised estimates for the years 1896—1901 which will suffice for the comparison of the yearly statistics, and for making out the Tables required by the Local Government Board. These estimates can of course be only approximately correct, because nothing short of actual enumeration will ensure a perfectly correct return of population. The various rates in all the Tables have now been re-calculated according to the revised estimates given; the figures therefore differ, in some places considerably, from those which have appeared in previous annual reports, in which the population had been over-estimated.

In Table II. will be found the Vital Statistics for the years 1896—1902.

TABLE II.—Vital Statistics of Whole District during 1902 and Previous Years.  
Name of District—Weymouth and Melcombe Regis.

Year	Population estimated to Middle of each Year	Births		TOTAL DEATHS REGISTERED IN THE DISTRICT.					TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT	Deaths of Non-residents registered in Public Institutions in the District	Deaths of Residents registered in Public Institutions beyond the District	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT	
		Number	Rate*	Under 1 Year of age		At all ages						Number	Rate*
				Number	Rate per 1,000 Births registered	Number	Rate*						
1	2	3	4	5	6	7	8	9	10	11	12	13	
1896	18,830	494	26.2	50	101.2	251	13.3	25		Particulars not obtainable			
1897	19,039	462	24.2	52	112.5	231	12.1	39					
1898	19,250	463	24.0	57	120.9	259	13.4	34					
1899	19,464	481	24.7	76	158.0	345	17.7	49					
1900	19,680	483	24.5	41	84.8	287	14.5	42					
1901	19,897	518	26.0	59	113.8	303	15.2	41					
Averages for years 1896—1901	19,360	483	24.9	55.8	115.2	279	14.3	38					
1902	20,115	480	23.8	41	85.4	269	13.3	38	12	6	263	13.0	

\* Rates in Columns 4, 8, and 13 calculated per 1000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term “Non-residents” is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term “Residents” is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The “Public Institutions” to be taken into account for the purposes of these Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses, and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres (exclusive of area covered by water)	1,299	Total population at all ages.....19,843
		Number of inhabited houses ..... 3,881
		Average number of persons per house ... 5.1

At Census of 1901

TABLE II.—*continued.*

I. Institutions within the District receiving sick and infirm persons from outside the District	II. Institutions outside the District receiving sick and infirm persons from the District	III. Other Institutions, the deaths in which have been distributed among the several localities in the District
Workhouse Royal Hospital Sanatorium Eye Infirmary	County Hospital, Dorchester County Asylum, Charminster Port Sanitary Hospital, Wyke Regis	

Is the Union Workhouse within the District?—Yes.



## BIRTHS.

The total number of births registered in the Borough during 1902 was 480, of which 227 were boys, and 253 girls. There were 24 illegitimate births.

This represents a birth rate of 23·8 per 1000 inhabitants. In 1901 the birth rate was 26·0 per 1000, and the average birth rate for the six years, 1896—1901, was 24·9.

The birth rate in England and Wales in 1902 was 28·6 per 1000 of the population, which is 0·1 per 1000 higher than the rate in 1901, but lower than in any other year on record.

## DEATHS.

During the year 1902 there were 269 deaths registered in the district, which gives an uncorrected death rate of 13·3 per 1000 inhabitants. The uncorrected death rate for 1901 was 15·2 per 1000, and the average rate for six years was 14·3 per 1000. The death rates for the five years preceeding 1901 were found to have been considerably underestimated, because they had been calculated for a much larger population than actually existed. They have now been revised throughout. The *corrected* death rate for 1902 differs very slightly from that given above; it is 13·0 per 1000. The correction is made by subtracting from the total number of deaths registered in the Borough all the deaths of strangers who died in the Workhouse and the various Hospitals of the town, because their deaths cannot fairly be attributed to Weymouth; and by adding to it all the deaths of Weymouth people who had been removed to similar institutions outside the Borough, such as the County Hospital and the County Asylum. The corrected death rates for the six years previous could not be calculated, because these particulars had not been fully obtained, but it is not likely that they differed materially from the uncorrected rates.

The death rate for England and Wales in 1902 was 16·3 per 1000, which is the lowest rate on record; the only previously recorded rates below 17 per 1000 having been 16·5 in 1894 and 16·9 in 1901.

Table III. shows the annual death rates per 1000 from all causes, and from certain epidemic diseases, during 1902 for England and Wales, and the corresponding rates for Weymouth.

TABLE III.—*Death Rates.*


	All causes.	Diseases in Cols. 3-9	Small- pox.	Measles	Scarlet fever.	Diph- theria.	Whoop- ing cough.	'Fever'	Diarr- hoea.	Deaths under 1 year per 1000 births.
Columns	1	2	3	4	5	6	7	8	9	10
England and Wales ...	16·3	1·64	0·08	0·38	0·15	0·23	0·29	0·13	0·38	133
76 Great Towns ...	17·4	2·12	0·12	0·49	0·19	0·26	0·37	0·15	0·54	145
103 Smaller Towns	15·3	1·53	0·08	0·37	0·14	0·24	0·22	0·13	0·35	135
England and Wales less the 179 towns	15·3	1·14	0·03	0·27	1·10	0·20	0·22	0·10	0·22	119
Weymouth ...	13·0	0·24	0	0·049	0·049	0·099	0	0·049	0	85·4

The 269 deaths registered in the District during 1902, included—

41 of infants under 1 year of age,  
141 of persons aged between 1 year and 70 years,  
and 87 of persons aged 70 years and upwards.

Of these 87 deaths of aged people, 19 occurred in the Workhouse. Senile or natural decay was returned as the cause of 34 deaths at ages varying from 66 to 96.

The numbers of deaths which occurred during various age periods may be seen in Table IV.



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TABLE IV.—Causes of, and Ages at, Death during Year 1902.

Name of District—Weymouth and Melcombe Regis.

(SEE NOTES AT BACK)

CAUSES OF DEATH		Deaths in or belonging to whole District at subjoined Ages							Deaths in or belonging to Localities (at all Ages).						Total Deaths in Public Institutions in the District 16	
		All ages 2	Under 1 year 3	1 and under 5 4	5 and under 15 5	15 and under 25 6	25 and under 65 7	65 and upwards 8	Weymouth 9	Melcombe Regis 10	11	12	13	14		15
Small-pox ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	...	1	—	—	—	—	1	—	1	—	—	—	—	—	—	—
Scarlet Fever ...	...	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—
Whooping-cough ...	...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Diphtheria and Membranous Croup	...	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Croup ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fever { Typhus Enteric	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other continued	...	1	—	—	—	—	1	—	1	—	—	—	—	—	—	—
Epidemic Influenza ...	...	8	—	—	—	—	3	5	6	—	—	—	—	—	—	1
Cholera ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea (See Notes at back)	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis (See Notes at back)	...	8	4	1	1	—	—	2	4	—	—	—	—	—	—	—
Puerperal Fever ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Other Septic Diseases ...	...	1	—	—	—	—	1	—	1	—	—	—	—	—	—	—
Phthisis ...	...	19	—	—	2	4	12	1	7	—	—	—	—	—	—	1
Other Tubercular Diseases ...	...	5	1	2	1	—	1	2	2	—	—	—	—	—	—	—
Cancer, Malignant Disease ...	...	12	—	—	—	—	10	2	7	—	—	—	—	—	—	3
Bronchitis ...	...	41	8	11	1	—	6	15	16	—	—	—	—	—	—	3
Pneumonia...	...	15	2	2	1	2	8	—	6	—	—	—	—	—	—	2
Pleurisy ...	...	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Other Diseases of Respiratory Organs...	...	1	—	1	—	—	—	—	1	—	—	—	—	—	—	1
Alcoholism—Cirrhosis of Liver...	...	2	—	—	—	—	1	1	1	—	—	—	—	—	—	—
Veneral Diseases...	...	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Premature Birth ...	...	6	6	—	—	—	—	—	5	—	—	—	—	—	—	—
Diseases and Accidents of Parturition...	...	3	—	—	—	1	2	—	—	—	—	—	—	—	—	—
Heart Diseases ...	...	17	—	—	1	—	9	7	9	—	—	—	—	—	—	3
Accidents ...	...	5	—	1	2	—	1	1	3	—	—	—	—	—	—	1
Suicides ...	...	2	—	—	—	—	1	1	2	—	—	—	—	—	—	—
All other causes ..	...	110	19	6	3	5	20	57	60	50	—	—	—	—	—	22
All causes ...	...	263	41	26	13	12	78	93	140	123	—	—	—	—	—	38



TABLE IV.—*continued.*

NOTES.—(a) In this Table all deaths of “Residents” occurring in public institutions, whether within or without the district, are to be included with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be included among the deaths in their respective “Localities” according to the previous addresses of the deceased as given by the Registrars. Deaths of “Non-residents” occurring in public institutions in the district are in like manner to be excluded from columns 2-8 and 9-15 of this Table.

(b) See notes on Table II. as to the meaning of “Residents” and “Non-residents,” and as to the “Public Institutions” to be taken into account for the purposes of these Tables.

(c) All deaths occurring in public institutions situated within the district, whether of “Residents” or of “Non-residents,” are, in addition to being dealt with as in note (a), to be entered in the last column of this Table. The total number in this column should equal the figures for the year in column 9, Table II.

(d) The total deaths at all ages in column 2 of this Table should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table II.

(e) Under the heading of “Diarrhœa” are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from

Epidemic enteritis;  
Zymotic enteritis;  
Epidemic diarrhœa. Summer diarrhœa;  
Dysentery and dysenteric diarrhœa;  
Choleraic diarrhœa, cholera, cholera nostras  
(in the absence of Asiatic cholera).

Under the heading of “Enteritis” are to be included those certified as from Gastro-enteritis, Muco-enteritis, and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term “Diarrhœa.”

Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.



## THE ZYMOTIC DEATH RATE

was 0·24 per 1000 of the estimated population, which is the lowest recorded during the period 1896—1902. In 1901 it was 0·65 per 1000, and the average rate for six years was 0·89. For England and Wales in 1902 it was 1·64.

This rate is calculated upon the seven principal Zymotic diseases, viz. : Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, "Fever" (Typhus, Enteric, and other Continued), and Diarrhœa.

Table III. (page 9) shows the death rates from each of these diseases in Weymouth compared with those for England and Wales generally.

## INFANTILE MORTALITY.

The rate of mortality among infants under 1 year old was 85·4 per 1000 registered births, which, with one exception (1900), is the lowest rate recorded during the period 1896—1902.

The infantile death rate in 1901 was 113·8 per 1000. The average rate for six years was 115·2. That for England and Wales in 1902 was 133.

## INQUESTS.

Seventeen inquests were held during 1902, and the following verdicts were returned :—

Natural causes	...	...	...	...	...	9
Accidents—						
Fracture of base of skull through fall from a horse					1	
Killed on Railway	...	...	...	...	1	
Fell down stairs	...	...	...	...	1	
Shock and loss of blood from injuries				...	1	
Concussion	...	...	...	...	1	
					—	5
Suicides—						
Hanging	...	...	...	...	1	
Poisoning	...	...	...	...	1	
					—	2
Homicide—						
Shooting	...	...	...	...	1	
					—	1
						—
						17
						—

## THE NOTIFICATION OF INFECTIOUS DISEASES.

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The notifiable diseases under the Act are Small-pox, Cholera, Diphtheria or Membranous Croup, Erysipelas, Scarlet Fever, Typhus Fever, Enteric, Relapsing, and Continued Fevers, Puerperal Fever, and Plague.

The total number of notifications received during the year was 179. Of these, 140 cases were notified during the period between January 1st and July 23rd, before I took office ; from the latter date to the end of the year 39 cases were notified.

The appended Table shows the number of notifications received during each month of the year. No cases of Cholera, Typhus Fever, Relapsing Fever, or Plague were notified.

TABLE V.—Notifications received during each Month of 1902.

1902.	Smallpox.			Diphtheria.			Erysipelas.			Scarlet fever.			Enteric or Typhoid fever.			Continued fever.			Puerperal fever.			Totals
	Wey- mouth	Mel- combe	All	Wey- mouth	Mel- combe	All	Wey- mouth	Mel- combe	All	Wey- mouth	Mel- combe	All	Wey- mouth	Mel- combe	All	Wey- mouth	Mel- combe	All	Wey- mouth	Mel- combe	All	
January	...	1	1	1	2	3	...	2	2	21	15	36	...	...	...	...	...	...	...	...	...	42
February	...	...	...	...	...	...	...	...	...	18	15	33	...	...	...	...	...	...	...	...	...	33
March	...	...	...	...	1	1	...	...	...	4	1	5	...	...	...	...	...	...	...	...	...	7
April	...	...	...	2	...	2	...	1	1	10	1	11	...	...	...	...	...	...	...	...	...	14
May	...	...	...	...	...	...	1	...	1	9	7	16	...	...	...	...	...	...	...	...	...	17
June	...	...	...	...	3	3	...	1	1	9	4	13	...	1	...	...	...	...	...	...	...	18
July	...	...	...	...	...	...	...	...	...	4	7	11	...	...	...	...	...	...	...	...	...	11
August	...	...	...	...	...	...	...	...	...	1	3	4	...	...	...	...	...	...	1	...	1	5
September	...	...	...	...	...	...	...	...	...	...	5	5	...	...	...	...	...	...	...	1	...	6
October	...	...	...	...	...	...	...	...	...	6	4	10	...	1	...	...	...	...	...	...	...	11
November	...	...	...	...	...	...	...	...	...	1	4	5	...	1	...	...	...	...	...	...	...	6
December	...	...	...	...	1	1	...	...	...	3	4	7	...	1	...	...	...	...	...	...	...	9
Totals	..	1	1	3	7	10	1	4	5	86	70	156	3	1	4	..	1	1	1	1	2	179

TABLE VI.  
*Cases of Infectious Disease Notified during the year 1902.*  
*Name of District—Weymouth and Melcombe Regis.*

NOTIFIABLE DISEASE	Cases notified in whole District						Total cases notified in each Locality		No. of cases removed to Hospital from each locality	
	At all Ages	At Ages—Years					1 Weymouth	2 Melcombe Regis	1 Weymouth	2 Melcombe Regis
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards			
Small-pox ... ..	1	This information was obtained only during the last 5 months of the year					—	1	—	—
Cholera ... ..	—						—	—	—	—
Diphtheria ... ..	10						3	7	—	—
Membranous Croup ...	—						—	—	—	—
Erysipelas ... ..	5						1	4	—	—
Scarlet Fever ... ..	156						86	70	24	45
Typhus Fever... ..	—						—	—	—	—
Enteric Fever... ..	4						3	1	1	—
Relapsing Fever ...	—						—	—	—	—
Continued Fever ...	1						—	1	—	—
Puerperal Fever ...	2						1	1	—	—
Plague ... ..	—						—	—	—	—
Totals ... ..	179						94	85	25	45

*Isolation Hospital*—Port Sanitary Hospital, Wyke, up to November 22nd, 1902.  
Borough Isolation Hospital, Chickerell, from that date onwards.



## SMALL-POX.

One case was notified during 1902, in January, the supposed patient being a sailor who had stopped in London on his way to Weymouth. I understand that he was found later not to be suffering from this disease.

It is important to consider shortly the subject of the *Prevention of Small-pox* at a time when there is great likelihood of its diffusion once more throughout the country. It is now spreading at an alarming rate in the provinces, particularly in the industrial towns ; and such a town as Weymouth may at any time have the disease introduced into it by a chance visitor. It is essential therefore that due preparation be made for the prevention of this disease, and to that end a plain duty is cast upon individuals, as well as upon Public Authorities.

The general means for the prevention of Small-pox are the same as for other infectious diseases, namely isolation and disinfection. But the special measure of vaccination is of still greater importance, its value as a protective against the disease is established beyond the possibility of doubt by overwhelming evidence. Stress must however be laid upon the necessity for efficient vaccination, the single tiny mark so often asked for is practically useless, and may serve only to bring discredit upon the measure. Further, it is now generally recognised that re-vaccination is quite as necessary as the first vaccination in infancy ; the protective value of the latter passes off in the course of time, and must be renewed. It is greatly to be hoped that the new Vaccination Act will provide for compulsory re-vaccination of every boy and girl before leaving school.

Unfortunately many people are prejudiced against vaccination, and their attitude of mind must be taken into account when any legislation dealing with the subject is proposed. But such objectors are not really numerous, most people are sensible enough to put up with a little temporary personal inconvenience for their own and the public good. And an enlightened public opinion upon such a subject is worth far more than all the Acts of Parliament that can be framed. It is safe to say that, if each individual member of the community were efficiently vaccinated and re-vaccinated, there would be no need to view chance cases of Small-pox with any apprehension, or to spend public money on the large, not to say lavish, scale that is now the rule for the provision of the means of isolation of patients ; moreover the dislocation of trade and industry that now results from an outbreak of Small-pox would be entirely obviated. The disease could not spread because the community would be protected against it.

The present Vaccination Act expires at the end of 1903. It is probable that the new Act will put the supervision of public vaccination into the hands of Sanitary Authorities, who are charged with the general duty of safe-guarding the public health ; it is an anomaly that this one part of that duty, by no means the least important, is left in the hands of Boards of Guardians, who have otherwise nothing to do with the prevention of infectious diseases.

## DIPHTHERIA.

Ten cases in all were notified during the year, and two deaths were certified as being due to this disease, giving a death rate of 0·099 per 1000. For England and Wales the rate was 0·23 per 1000.

I can speak only of the one case that was notified to me—that was in December. It was regarded as a doubtful case by the notifying practitioner, and it was proved not to be Diphtheria by several negative bacteriological examinations, as well as by its ultimate course. This case was an instance of the value of immediate bacteriological examination, for which facilities are now provided : the negative result here saved the expense both of isolation of the patient, and of other stringent precautionary measures in the family. Such an examination is always valuable in doubtful cases of sore throat, for it is very often impossible to decide upon their nature from the symptoms alone.



## SCARLET FEVER.

There were 156 cases of this disease notified during the year; and one death was ascribed to it, giving a death rate of 0·049 per 1000. The death rate for England and Wales was 0·15.

117 cases were notified between January 1st and July 23rd, and of them I am not able to speak. Between the latter date and December 31st, 33 cases were notified to me. The monthly incidence of the disease throughout the year is shown in Table V., page 15; it will be seen that the greatest number of notifications were received in January and February.

Of the 33 cases notified to me: 4 were imported from other districts; 5 were due to obvious causes; and in the remaining 25 cases the source of infection could not be satisfactorily traced. Many were doubtless due to chance contact with other unrecognised cases. I have recently met with three patients in the peeling stage, each of whom had been medically attended previously for sore throat. And if Scarlet Fever is sometimes not easily recognisable even by medical practitioners, it is not surprising that parents often fail to suspect it when the attack is a mild one, and particularly when they think that its recognition may bring about some personal inconvenience to themselves. Undoubtedly the infection is frequently conveyed to a holiday resort by chance visitors, wittingly or unwittingly.

## TYPHOID OR ENTERIC FEVER.

Only four cases of this disease have been notified during the year, and there have been no deaths from it. Two of the cases occurred in the same household, and were infected at the same period.

Such immunity from this disease is a very gratifying feature in the sanitary history of the year.

## EPIDEMIC DIARRHŒA.

It is satisfactory to record that no deaths have been attributed to this disease during the year. In very many towns it is responsible for a large proportion of the infantile deaths, and among the deaths from zymotic disease in England and Wales during 1902 those caused by Epidemic Diarrhœa were second in order of frequency (see page 19).

## MEASLES.

No definite information as to the prevalence of Measles can be obtained when the disease is not notifiable. I have lately arranged with the Teachers of the four Voluntary Schools in the town for weekly returns to be sent to me of the non-notifiable cases of infectious disease (*e.g.* Measles, Whooping Cough, Chicken-pox, Mumps) occurring in their Schools. This will enable me to exercise some degree of supervision over the home isolation of such cases.

An outbreak of Measles of a mild type occurred among the pupils of St. John's School in the latter part of October. This began in the Infant department, but spread into the other departments also, and I recommended the closing of the School for three weeks from November 17th. This was done with very satisfactory results. Later an outbreak occurred among the scholars of St. Mary's School, for which I should also have recommended school closure had the Christmas holidays not been imminent. During this time there ~~was~~ also a few cases among the pupils of the other two Schools in the town.

One death due to Measles has been registered during the year, giving a death rate of 0·049 per 1000; for England and Wales the rate was 0·38.

This disease is one deserving of much more public attention than it generally receives, it is too often regarded as a trifling one. Yet its death rate in this country is generally the highest among the seven principal zymotic diseases; for instance the deaths from these diseases in England and Wales during 1902, were in this order:—

Measles	...	...	...	12,673	deaths
Diarrhœa	...	...	...	12,465	„
Whooping Cough	...	...	...	9,469	„
Diphtheria	...	...	...	7,703	„
Scarlet Fever	...	...	...	4,810	„
“Fever”	...	...	...	4,214	„
Small-pox	...	...	...	2,461	„

It is most necessary that the public should be made to understand the dangerous nature of this complaint, and the necessity for careful isolation and treatment of patients suffering from it; that would be the best means of checking its spread.

It is a very difficult disease for Sanitary Authorities to deal with, chiefly for two reasons: (1) the indifference with which it is regarded by the public; (2) because it is highly infectious before the rash develops, and therefore generally before there is any suspicion as to the real nature of the complaint. It follows from this that, if the disease were notifiable, the information gained by notification would arrive too late to be of more than partial value for the adoption of preventive measures.

### WHOOPING COUGH, CHICKEN-POX, MUMPS.

I can find no information with regard to these diseases during the first seven months of the year. Since I began to get returns from the various Schools, a few isolated cases of each have come to my knowledge. They are all of importance, particularly in childhood, and deserve more attention than is generally paid to them. Whooping Cough is very often a fatal disease among children, on account of the complications which are apt to follow it; its relative fatality in England and Wales during the year is given above. No deaths have been ascribed to it in Weymouth during 1902.

### TUBERCULAR DISEASES.

These include for statistical purposes Phthisis, or Pulmonary Tuberculosis, and other forms of Tubercular Disease, such as Intestinal Tuberculosis. The pulmonary form is the commonest, and is responsible for a very high death rate throughout the country.

During 1902 there were in Weymouth 19 deaths ascribed to Phthisis, and 5 to other Tubercular Disease. The age incidence of the deaths from Phthisis was as follows:—

Ages ...	1—5	5—15	15—25	25—35	35—45	45—55	55—65	65 & up.	
Deaths	—	2	4	5	6	1	—	1	19

These particulars show that the deaths from Phthisis occurred chiefly during the working years of life; in other words they represent a very appreciable loss of productive energy, that might have been saved, to the community.

It is now a matter of common knowledge that Phthisis is an infectious disease, and that in many cases it can be prevented from spreading in a household by timely precautions. The results of preventive measures are not here so immediately apparent as in the case of the ordinary infectious diseases, because Phthisis may take a very long time to develop fully, but they are not the less valuable on that account. It is common to find that consumptive patients have lived in the same house, perhaps the same room, as some relative who died of the disease eighteen months or two years previously. Such too frequent cases might be prevented by very simple precautions; there is no necessity for such a degree of



isolation as must be provided for a case of Scarlet Fever, for instance. But it is essential that patients and their friends should be instructed early in the necessary measures in order that benefit may result from them.

Unfortunately however the only information regarding the occurrence of cases of this disease that is obtained by the Medical Officer of Health is in the death returns, and that is often too late for the prevention of other cases. Since I took office I have made a practice of visiting personally every house in which a death from Phthisis has been registered, and offering free disinfection of the sick room, bedding, and clothing to the inmates, as well as giving general directions when necessary. In many towns a system of voluntary notification of Phthisis has been adopted, fees being paid to Medical Practitioners for the information, as in the case of other infectious diseases. The results have been very encouraging, and it is likely that the measure will be more generally adopted in the course of time.

The question of the provision of a Sanatorium for Dorset patients is still under discussion. This is not only important as a curative measure, it is also a valuable help to the still more important measure of prevention.

### CANCER.

There have been 12 deaths from Cancer during the year, representing a death rate of 0·59 per 1000 of the estimated population. The rates in past years as far as they can be obtained are :

1901	...	...	...	...	1·05
1900	...	...	...	...	0·50



## ISOLATION HOSPITAL ACCOMMODATION.

Up to November, 1902, the arrangement with the Port Sanitary Authority continued, which provided for the isolation of infectious cases from the Borough of Weymouth in the Port Sanitary Hospital at Wyke, if there were sufficient accommodation for them. Had this Hospital been occupied by ships' patients suffering from plague, or cholera, for example, then there would have been nowhere for the isolation of infectious cases belonging to the town.

Under this conditional arrangement 63 patients from the Borough were isolated at the Port Sanitary Hospital during 1902. Of these 14 were private patients, the charge for whom did not fall upon the town; 49 fell to be paid for by the town, the total amount payable on their behalf being, as I am informed, £593 3s. 3d., giving an average of £12 2s. 1d. per patient. (These figures may be subject to slight revision, but they are substantially correct).

The new Borough Isolation Hospital was opened for the reception of patients on the 22nd of November, 1902. It is situated on a piece of land,  $5\frac{1}{2}$  acres in extent, bought by the Town Council for the purpose, abutting on the Radipole Lane, outside the Borough, and about two miles from the middle of the town. The building is of galvanized iron and wood; it consists of a central administrative block, with a detached ward block on either side, each containing two wards, there are, therefore, four wards in all; also separate laundry and mortuary blocks. In the administrative block are the Doctor's room, sitting and bed rooms for the staff, kitchen, store room, bath room, etc. There are also two bedrooms set aside here for the isolation of possible Typhoid patients, in the event of there being no accommodation available for them in the wards. The ward blocks are both alike, each consists of two wards, separated by a Nurse's room and a store room. Each ward is large enough to hold ten beds, and has its own bath room, etc. The South block is reserved for cases of Scarlet fever, the North block for Diphtheria. The wards are not at present fully furnished; there are in all eighteen beds, of which twelve are for Scarlet fever, four for Diphtheria, and two for Typhoid fever, also three cots. Should there be occasion at any time to increase the accommodation, it can be very easily and quickly done, up to forty beds.

Near the main building, and separated from it by a high galvanized iron fence, is the small hospital which was erected earlier in the year for the isolation of Small-pox. This consists of two wards, with room for eight beds, together with nurse's and caretaker's rooms, kitchen, etc. This building is kept always ready for occupation, and is now furnished for the accommodation of two patients, it being intended for use as an observation block for cases whose diagnosis may be doubtful.

But should any cases of Small-pox occur in the town there would be no other place than this for their isolation, as it has not been found possible to secure any other suitable building or site to serve for a Small-pox hospital. This is unfortunate, because the Local Government Board's requirement with regard to hospitals sanctioned by it lays down very precisely that no Small-pox hospital should be so placed as to have within a quarter of a mile of it a hospital (whether for infectious diseases or not), a workhouse, or any similar establishment; or within half a mile a population of 500—600 persons, whether in institutions or dwelling-houses.

There is still another way in which quite suitable accommodation for the isolation of Small-pox cases might be provided, that is by combination with an adjoining district for the provision of a joint Small-pox hospital. This would be much more economical than the provision by each Authority of its own, and would serve every purpose equally well. The subject has been discussed with the Rural District Council, but without result.

The permanent Staff of the Isolation Hospital consists of the Matron, Miss Kay, the Caretaker and his wife, and one Wardmaid. Additional Nurses are obtained whenever required by arrangement with a local Nursing Home,



## MEANS OF DISINFECTION.

A portable Washington-Lyons' Steam Disinfector, kept in the shed in the Corporation yard. When I took office I found that there was no suitable provision for the separation of infected from disinfected articles. This defect was remedied by partitioning off a part of the shed close to the disinfector, and providing for it two doors, one opening near the machine, and another to the outer air; this allows for the safe laying down and removal of disinfected articles.

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## BACTERIOLOGICAL LABORATORY.

The Council, acting upon the recommendation of the Sanitary Committee, in August authorised the purchase of appliances for furnishing a Bacteriological Laboratory for the Medical Officer of Health. This has already been found to be very useful in connection with the diagnosis of Diphtheria and Typhoid fever. In these diseases, and in Phthisis, bacteriological examination is of great assistance towards making an accurate and early diagnosis, and it is hoped that increasing use will be made by Medical Practitioners of the facilities thus provided.

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## WATER SUPPLY.

The Borough is supplied throughout by a private Company, which also supplies various Parishes in the adjacent Rural District. The water springs from the upper green sand below the chalk at the hillfoot beyond the village of Sutton Poyntz, and about three and a half miles from the town. The collecting area is uninhabited, and about four acres of it are enclosed by iron fencing. Within this is an open collecting reservoir, from which the water flows through a pipe to the pumping station in the village, whence it is pumped to covered service reservoirs. From these it descends by gravitation to the town.

The water is certified by the Analyst to be of excellent quality, and it is sufficient in quantity. Most houses in the town have their own water taps, but there still remain a few whose supply is obtained from standpipes, as in High West Street Court, West Row, Chapel Row, Havelock Place, and West Row, Chapelhay.

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## SEWERAGE AND DRAINAGE.

The Sewage of the Town is now discharged into the sea at a point 1150 feet beyond the Nothe, and 25 feet below the low water level of ordinary Spring tides.

The street sewers run into two intercepting sewers, one for Weymouth and one for Melcombe Regis, which lead to a collecting tank on the bank of the Backwater at Westham. This tank is of 300,000 gallons capacity, and the sewage is pumped from it into an outfall sewer, about one and a half miles long, which discharges into the sea as stated above; the pumping is done as far as possible during the ebb tide. In addition to the general system there are two local sewers in the Belfield District of Weymouth, each draining a few houses, and discharging independently into Portland Roads. The only trade refuse now draining directly into the Harbour is that from the two local breweries, by a specially laid pipe: this brewery refuse is difficult to deal with, on account of the very offensive nature of the compound resulting from its mixture with ordinary sewage.



It is believed that all the houses in the Borough, with only a few exceptions, are connected with the system, but this cannot be asserted positively upon mere inspection. Two houses in Chickerell Road are known to remain unconnected on account of difficulties in level. In the course of the house to house inspection begun in October two houses in the Buxton District were found to be unconnected; this will shortly be remedied.

There are considerable difficulties to contend with in the drainage of the town on account of the differences in level of the various districts. During heavy rains it is impossible to pump the whole volume of sewage and storm water to the outfall; the pumps have to be devoted entirely to the work of carrying off the sewage of the low-lying Park District, the other districts being shut off from the general system, and their sewage being discharged by special storm overflow pipes into the backwater and harbour; this was provided for in the original sewage scheme when it was carried out. It must be borne in mind that the mixture thus discharged into the backwater is very highly diluted sewage, still the fact remains that a certain proportion of it is sewage. It is difficult to see how this could be avoided under the present scheme.

There are certain districts in the low-lying area whose drains and sewers are often temporarily choked, *e.g.* Hardwicke Street, Penny Street, William Street, and Avenue Road. In the latter case it was lately found that a 9 inch pipe draining a few houses ran into a 6 inch pipe, and that again into a 9 inch pipe, which easily accounts for the trouble. But such blockages would be far less common if all closets were properly flushed.

There are other districts in which the existing drains are not large enough to carry off the surface water during heavy rain, and which are sometimes flooded in consequence, *e.g.* the Hope Square District. In such places there should be relief surface drains; in fact I am informed by the Borough Surveyor that there ought to be more relief surface drains throughout the town. All the low-lying districts are of course liable to be temporarily flooded during very heavy rains; no drainage scheme, however perfect, can carry away at once an excessive amount of storm water.

Regular *flushing of sewers* is carried out from May to October. This is done by hand with a 3 inch hose, and can only be called flushing by courtesy, for in the sewers it really amounts to no more than a trickle of water. There are no flushing tanks at the heads of the sewers. But an efficient substitute for these would be the regular use of large water carts as portable flushing tanks, to discharge their contents by a hose at the highest point of every sewer. Regular and thorough flushing of sewers is especially important in a town where so many closets are without flushing cisterns.

*Ventilation of sewers.* A great deal has recently been done for its improvement: 21 new upcast shafts have been erected (in addition to 46 already in use), and 9 extractor lamps (Webb's patent), and it is expected that more will be done in this direction shortly; it is a very necessary work.

Under the Building By-laws now in force the drains of all new houses built in the Borough must be disconnected from the sewers and ventilated. But these By-laws are not retrospective, and there are unfortunately a great many of the older houses in the town whose drains are neither disconnected nor ventilated. And even where the system of disconnection and ventilation has been adopted, it has not always been efficiently carried out in detail; for instance, far too many ventilation pipes are so narrow and twisted as to be practically useless, and I have often been struck by the perverse ingenuity that has made them so. It is also not at all uncommon to find sink and rain-water waste pipes discharging directly into the house drains, instead of in the open over suitable traps. Another very



common defect is that rain water pipes in many cases run simply into the ground, thus conducing to dampness of house walls. Many of the faults that I have alluded to are by no means confined to poor, or even to old, houses.

In connection with defects in house drainage I may quote a paragraph from a report which I made to the Sanitary Committee in September. It was as follows: "As I have met with many faulty conditions of drainage in various houses that I have happened to visit, I consider that it would be of great advantage to arrange for a systematic house-to-house inspection (as distinguished from testing) of drains throughout the town by the Inspector of Nuisances. The more serious defects would then be discovered and remedied by degrees, and the record obtained of the state of houses in the district would be a very valuable one." This special inspection was begun in October; the work will of course take a considerable time to complete, but a number of faults have already been brought to light.

Another recommendation was made by the Sanitary Committee, and confirmed in September by the Council, with regard to the testing and certifying of drains upon the application of householders. This is now regularly done by the Sanitary Department, a trifling fee being charged to cover the working expenses. Several applications have already been received in this connection, and any defects found have been remedied before the issue of the certificates. It was hoped that proprietors of lodging houses would avail themselves of these facilities, as such certificates would naturally be valuable to them in their business; so far, however, very few applications have been received from householders of this class.

I have alluded already to the large proportion of closets in the town that are not provided with flushing cisterns, their number has been estimated to be 2,200. These are almost without exception outside the dwelling-houses. In the course of my visits in various parts of the town I have found many such closets as well kept as if they had flushing cisterns, but I have also found a great many in a filthy condition. A general sewage scheme is imperfect so long as all individual closets are not regularly and efficiently flushed, and for efficient flushing all cisterns should contain at least 3 gallons of water. The Building By-laws now in force compel the provision of a proper water supply for the closets of all new houses, but they are not retrospective. Clause 2 of Sec. 23 of the Public Health Acts Amendment Act, 1890 (extending Sec. 157 of the Public Health Act, 1875), provides that

"any by-laws under that section, as above extended, with regard to the drainage of buildings, and to water closets, earth closets, privies, ashpits, and cesspools in connection with buildings, and the keeping water closets supplied with sufficient water for flushing, may be made so as to affect buildings erected before the times mentioned in the said section."

The extension and enforcement of the By-laws to that effect would greatly improve the general condition of house drainage in the town, though it is to be feared that such a measure would involve many individual cases of hardship. It is for the Sanitary Committee and the Council to determine whether or not such extension of the By-laws shall be made.

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## REMOVAL AND DISPOSAL OF HOUSE REFUSE.

This was carried out by a Contractor up to December 31st, the carts only being supplied by the Corporation, those in use are the patent covered scavenging carts of the Bristol Wagon Company, ten in number. The work was, and is still, arranged so that every house in the Borough should be visited three times a week, a daily visit being considered necessary only for the two main business streets. The refuse when collected was conveyed to tips on the Contractor's



ground, the last place used for the purpose being in the Rural District, some two miles from the town, and off the Radipole Lane. There were no dwellings in the immediate vicinity of the tipping ground, but no large collection of refuse accumulated in this way can be other than a nuisance to those who find themselves near it.

From January 1st, 1903, the Town Council has taken in hand the whole work of scavenging, supplying men, horses, and carts for the purpose, and depositing the refuse upon a piece of land at Golderoft Farm, about a mile from the middle of the town. This latter is only a temporary measure, because the plans are already passed for the erection of a destructor near the pumping station, which is expected to be ready in June.

New By-laws, dealing with *the cleansing of footways and pavements, and the removal of house refuse*, were approved by the Sanitary Committee in November, they have been sent up to the Local Government Board for confirmation. It may not be amiss to mention here one subject dealt with in these By-laws, namely, the regulation of the practice, so common in many parts of the town, of placing refuse receptacles of all sorts and sizes upon the pavements in front of houses to await the coming of the dust carts. These receptacles are almost without exception uncovered, consequently their contents are very often scattered about the streets long before the advent of the scavengers. It is proposed to enforce the provision of properly covered receptacles for household refuse which is deposited in any public place to await the dust cart, and to limit the hours during which it may be so left. The suggestion has been made in the Sanitary Committee that the sale of "sanitary dustbins" at cost price might be arranged for, in order that this regulation may not press hardly upon the poorer inhabitants of the town.

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## HOUSE ACCOMMODATION.

The houses in the Borough vary greatly in character: in the residential districts, such as the North part of Melcombe Regis and the greater part of Rodwell, there are comparatively few very old houses, and the most are good; in the South and older part of Melcombe Regis are most of the business establishments, and the dwelling-houses are on the whole satisfactory, with some exceptions; The Westham district is altogether modern, and contains many rows of houses built for the working classes; there remains the part of Weymouth in the vicinity of the harbour and backwater, which contains the oldest houses in the town, and in this part are found the worst houses also.

Speaking in general terms of the house accommodation for the working classes, it may be said to be ample, because many of the houses are empty; and it is on the whole of a satisfactory character, with the inevitable exceptions in an ancient town of some old and dilapidated houses, and narrow, badly paved, unwholesome courts. I have often visited these courts, and hope before long to draw particular attention to the condition of those that need improvement.

There are undoubtedly many cases of habitual overcrowding. But this is largely an economic question: there are very few houses in the town whose rent is below 5/6 per week, and the people who take them often sublet some of their rooms in order to make up the rent, which naturally leads to overcrowding.

There are very few two-roomed cottages; these are chiefly to be found in Southampton Row, West and East Rows, and West Row, Chapelhay, also in Seymour Street, and West Court, East Street.

The census return for the County of Dorset recently issued contains information upon the subject of tenements, and tenements of less than 5 rooms, which I give here in its tabular form. "Tenements" must of course be distinguished from "houses;" a house, sublet, may contain several tenements.

TABLE VII.

*Total Tenements, and Tenements of less than 5 rooms, distinguishing those occupied by various numbers of persons. April 1st, 1901.*

Weymouth and Melcombe Regis	Rooms in Tenement	Tenements of less than 5 rooms	Persons per Tenement.									
			1	2	3	4	5	6	7	8	9	10
Total Tenements — 4384	1	73	55	11	4	2	1	—	—	—	—	—
	2	361	121	140	54	29	13	4	—	—	—	—
Tenements of less than 5 rooms— 916	3	236	25	65	45	45	32	12	9	2	1	—
	4	246	16	48	60	46	31	24	10	5	5	1

As a rule, and excepting some of the Courts already alluded to, there is a good allowance of air space about houses ; there are only very few back to back houses in the town.

The surroundings of some of these houses are very dirty ; this it not altogether the fault of the occupiers, because the paving of most of the poor courts, and of many yards and back lanes, is extremely bad. And this fault is not altogether confined to the very poor districts ; there are some rows of recently built houses with unmade and undrained roads in front of them ; and there are other rows of houses, *e.g.* those facing into the Abbotsbury Road, whose unmade back lanes are in a very dirty condition in wet weather.

Supervision over the erection of new houses is provided for by the By-laws for new streets and buildings adopted in 1897. I understand that it is found difficult to enforce these By-laws in the absence of a Building Inspector.

#### COMMON LODGING HOUSES.

New By-Laws dealing with these have recently been adopted and received the sanction of the Local Government Board.

There is but one recognized common lodging house in the Borough, registered under the old By-laws, and in many respects unfit for its purpose. It will have to be dealt with more stringently under the new By-laws.

In addition to this there are two other houses which appear to be used as common lodging houses, but have not yet been legally pronounced to be such. They are shortly to receive more particular attention.

#### SPECIAL VISITS.

##### SLAUGHTER HOUSES.

There are 11 registered slaughter houses in the Borough. New By-laws for their regulation were adopted in October, 1902, and approved in January, 1903. No new licenses have yet been applied for under these By-laws.

I visited most of the slaughter houses during the time of the Christmas meat show, and found them to be generally clean and well kept. But I could not consider any of them thoroughly suited for their purpose. One rarely finds a private slaughter house that will satisfy even moderately exacting requirements, yet it is most important that the public meat supply should be prepared under



the best possible conditions. I think that every town should have its thoroughly well-appointed Municipal slaughter house, to be used by all the butchers ; short of that it is impossible to exercise due and constant supervision over the quality of meat, and the conditions under which it is prepared for sale.

### OFFENSIVE TRADES.

There are fortunately few, if any, trades in the Borough which can be called "offensive" in the legal meaning of the term ; no complaints have been made about any since I took office. I visited a gut store in Silver Street during the hot weather, and found that the premises were kept as clean as the nature of the work allowed, and were not unduly offensive.

There are no By-laws in force dealing with offensive trades.

### SUPERVISION OVER THE MANUFACTURE OF ICE CREAM.

In July a Register was prepared of all Ice Cream Hawkers, and their premises were visited with a view to enforcing proper cleanliness. In two cases structural sanitary defects were found which were at once remedied by the owners.

### LICENSED PREMISES.

During October and November all the Licensed Houses in the town were visited with a view to ascertaining their sanitary condition. Improvements varying in degree were required in 81, out of the total number of 104 ; some of the houses were in a very bad condition. The owners of all these houses have shown themselves perfectly ready to carry out any improvements suggested in order to put their property into a satisfactory state.

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## ADMINISTRATION OF SPECIAL ACTS.

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### FACTORY AND WORKSHOPS ACT.

The Factory and Workshops Act of 1901, which came into force in 1902, makes the Council responsible for the special supervision of all workshops and workplaces, in other words—practically every place in which any work is carried on for gain, with the exception of factories, which come under the control of the Home Office.

In Weymouth examples of workplaces requiring supervision are : dress-makers', milliners', and tailors' workrooms ; joiners', smiths', carriage builders', plumbers', and shoemakers' workshops ; and laundries (excluding steam laundries), not to mention many others. Home work too comes under the control of the Sanitary Authority to a certain extent. There are also special regulations dealing with bake-houses. Obviously in granting these new powers to the Urban Council the Act imposes a great deal of additional work upon the Sanitary Department.

To inaugurate the administration of the Act I visited all the known *Workshops* in the Borough—149 in all—during the last quarter of 1902, accompanied by the Inspector of Nuisances. I found them to be on the whole in a satisfactory condition, and free from any serious faults. The following Table shows the improvements that were required :

Workshops requiring cleansing or limewashing	...	11
„ overcrowded	... ..	5
„ requiring improvements in ventilation	...	3
„ „ closet accommodation	...	1
„ „ urinal accommodation	...	2
Closet requiring connection to sewer	... ..	1
„ otherwise defective	... ..	1
„ pans foul	... ..	9
Sink wastes not cut off from drains	... ..	4
Drains requiring disconnection and ventilation	...	2
Traps choked or defective	... ..	5
Yards dirty	... ..	3
Minor improvements required	... ..	5
Premises brought under notice by H.M. Inspector	...	2

I have also visited all the *bake-houses* in the Borough, 39 in all, and have found their condition to be generally satisfactory. In several cases the premises consist only of rooms of dwelling-houses turned into bake-houses, and are therefore not ideally adapted for their purpose. There are two underground bake-houses. The following table shows the improvements that were required during the year, including in this case the period before I took office :

Bake-houses requiring cleansing or limewashing	...	15
„ with drain openings inside	... ..	7
„ requiring repairs to drains	... ..	2
„ „ water supply to closets	... ..	2
„ „ disconnection and ventilation of drains	...	1
„ „ proper coal receptacles...	... ..	5
„ „ removal of manure from yard	... ..	1

#### THE GENERAL SANITARY WORK OF THE YEAR

is given in the following Table, prepared by Mr. J. KEELEY, Inspector of Nuisances, so far as it can be stated in tabular form. During the last quarter of the year special attention was given to house-to-house inspections, workshops, and licensed houses. In every case of infectious disease, it is the custom to take the opportunity of investigating the sanitary condition of the house. The premises under the special supervision of the Sanitary Authority are :

Bake-houses	... ..	39
Workshops	... ..	149
Cowsheds	... ..	11
Dairies and Milk-shops	... ..	22
Slaughter-houses	... ..	10
Common Lodging house	... ..	1

#### TABLE OF GENERAL SANITARY WORK DURING 1902.

Number of complaints received	... ..	123
Houses and premises visited	... ..	428
Special house to house inspections	... ..	130
„ inspections of licensed houses	... ..	104



## RESULTS OF INSPECTIONS.

Premises limewashed	...	...	...	12
Water supplies provided...	..	...	...	2
Houses drained to sewers	...	...	...	9
Drains disconnected and ventilated		...	...	6
„ tested	...	...	...	12
„ repaired and trapped	...	...	...	37
„ cleaned	...	...	...	36
Closets supplied with water	..	...	...	4
Removal of manure	...	...	...	12
Letters to abate nuisances	...	...	...	10
Notices „ „	...	...	...	7
Legal proceedings	...	...	...	1
Miscellaneous	...	...	...	3
Houses, beds, clothing, etc., disinfected...	...	...	...	180
Contents of Nurses' boxes disinfected	...	...	...	28
SLAUGHTER-HOUSES.				
Galvanized receptacles provided	...	...	...	9
Removal of manure	...	...	...	11
COWSHEDS.				
Limewashed	...	...	...	2
Removal of manure	...	...	...	2
COMMON LODGINGHOUSE.				
Notice to clean and limewash	...	...	...	1

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 SALE OF FOOD AND DRUGS ACT.

The Officer appointed to collect samples under this Act is the Chief Constable or his deputy. The Borough Analyst is Mr. J. NIMMO, of London.

I am indebted to the Chief Constable for the information given in the following Table : no proceedings were taken under this Act during the year.

*List of Samples taken, and Results of Analysis between January 1st and December 31st, 1902.*

Description and Number of Samples	Result of Analysis
Milk ... .. 14	{ 12 genuine. { 1 genuine, but contained boracic preservative. { 1 contained not more than 92 per cent. of milk, and at least 8 per cent. of added water.
Butter ... .. 6	Genuine.
Coffee ... .. 3	"
Cocoa ... .. 1	"
Beer ... .. 2	"
Ice Cream ... 3	"
Sugar ... .. 1	"
Mustard ... .. 1	"
Lard ... .. 1	"

METEOROLOGY OF 1902.

For the appended Meteorological Table I am indebted to Mr. I. J. BROWN, F.R.Met.Soc., Honorary Observer ; who will be pleased to give any additional information to enquirers.

METEOROLOGICAL OBSERVATIONS.

1902.	Baro- meter.	Temperature.				Relative Humidity.	Rain- fall.	Rainy Days.	Bright Sunshine	The Winds. Direction. Number of Observations.				
		Max.	Min.	Range	Mean					E.	W.	N.	S.	Calms <i>i.e.</i> under 3 miles per hour.
January...	<i>inch</i> 30.211	° 47.2	° 39.8	° 7.4	° 43.5	% 83	<i>inch</i> 0.79	10	<i>h. m.</i> 44 50	0	15	12	3	1
February	29.868	41.5	33.8	7.7	37.6	87	1.40	10	83 30	6	3	15	4	0
March ...	29.903	51.3	40.9	10.4	46.1	85	2.01	12	91 45	3	17	4	7	0
April ...	29.954	52.9	41.3	11.6	47.1	77	1.69	13	143 30	6	5	10	8	1
May ...	30.003	56.4	43.7	12.7	50.0	74	2.02	15	183 45	0	13	13	5	0
June ...	29.962	61.1	50.6	10.5	55.8	81	2.47	15	154 15	11	9	3	7	0
July ...	30.073	67.1	53.7	13.4	60.4	74	1.34	8	225 45	3	12	7	8	1
August ...	29.957	66.3	55.3	11.0	60.8	82	3.46	13	160 00	2	11	9	8	1
September	30.082	63.9	52.8	11.1	58.3	81	1.37	11	149 10	2	4	15	9	0
October ...	30.010	57.3	47.8	9.5	52.5	82	2.05	17	82 30	3	11	11	5	1
November	29.852	51.1	44.7	7.4	48.4	84	4.03	16	55 20	8	6	7	8	1
December	30.099	46.5	39.5	7.0	43.0	81	1.65	13	47 05	5	13	8	5	0
Year	29.991	55.2	45.3	9.9	50.3	81	24.28	153	1421 25	49	119	114	77	6





